

Thank you for your interest in the Kentucky Historical Society and Camp ArtyFact! The Kentucky Society of Children of the American Revolution (K.S.C.A.R) has provided generous funding to support a limited number of scholarships available to the children of veteran's, active duty or guard servicemen and women. Applications are reviewed on a first-come basis and should be received at least one week prior to the beginning of the first class. There is a limit of one (1) full-day or two (2) half-day camps available per family. The Kentucky Historical Society Foundation cannot guarantee scholarships to all who apply.

Please complete and submit this form, immediately after submitting a separate Camp ArtyFact online registration form.

Scholarship application.

Child: _____

Parent/ Guardian: _____ Military Branch: _____

Home Address: _____

City, State, Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Total Number of Dependents: _____

How will your child benefit from a Camp ArtyFact scholarship: _____

Verification

Please submit a copy of a current Military ID (dependent, spouse, or serviceman/woman) or a DD-214 form (black out the social security number), or provide contact information for one or more of the following:

Commanding Officer (C.O.): Phone: _____ Email: _____

Military Spouse Association Rep. or Family Resources and Support Rep.: Phone: _____ Email: _____

Veteran's Affairs representative (V.A.): Phone: _____ Email: _____

I verify that all of the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the Director of Camp ArtyFact at the Kentucky Historical Society within 30 days of this application.

Signature: _____ Date: _____

Please mail, fax or hand deliver this form to: Kentucky Historical Society
Attn: Greg Hardison
100 West Broadway, Frankfort, KY 40601
fax (502) 564-4701
greg.hardison@ky.gov

FOR CAMP OFFICE USE ONLY:

Review Date: _____

Reviewers:

Camp Director: _____

Foundation Representative: _____ or Deputy Director: _____

Circle action below, and attach this form to the printed registration:

APPROVE

DISAPPROVE, _____